

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 9-19-01.
 - b. The request was received on 2-18-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-28-02. The response from the insurance carrier was received in the Division on 7-11-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: Letter dated 7-10-02:

"We base our payments on the Texas Fee Guidelines and the Texas Workers' Compensation Commission Acts and Rules...This dispute is for DOS 9/19/01 for purchase of another cryotherapy unit from a difference DME provider...Ordinarily cold therapy is a treatment modality utilized during an acute phase of injury, not during the intermediate phase of care. This requestor has submitted no clinical documentation to

show that the purchase of a \$749.00 unit is a cost-effective alternative to the use of ice bags..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 9-19-01.
2. The Carrier has denied the disputed charges as reflected on the EOB as, "N – NOT DOCUMENTED".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
9-19-01	E0236 NU	\$494.00	\$-0-	N	No MAR	MFG; Durable Medical equipment (DME) Ground Rules (I), (II)	The Carrier has denied the charge in dispute as "N". The Commission does not recognize the modifier utilized for this code, and therefore no reimbursement can be recommended.
9-19-01	E1399	\$75.00	\$-0-	N	No MAR	MFG; Durable Medical equipment (DME) Ground Rules (I), (II)	The Carrier has denied the charge in dispute as "N". No documentation was noted in the dispute packet to support the code billed. The only documentation noted was the prescription written on 3-9-01 for the Electric Ice Cooler. There was no documentation noted to support that the cold therapy cooler wrap was administered to the patient. Therefore, no reimbursement is recommended.
9-19-01	E1399	\$155.00	\$-0-	N	No MAR	MFG; Durable Medical equipment (DME) Ground Rules (I), (II)	The Carrier has denied the charge in dispute as "N". No documentation was noted in the dispute packet to support the code billed. The only documentation noted was the prescription written on 3-9-01 for the Electric Ice Cooler. There was no documentation noted to support that the water circulating pad was administered to the patient. Therefore, no reimbursement is recommended.

9-19-01	E1399	\$45.00	\$-0-	N	No MAR	MFG; Durable Medical equipment (DME) Ground Rules (I), (II)	<p>The Carrier has denied the charge in dispute as "N".</p> <p>No documentation was noted in the dispute packet to support the code billed. The only documentation noted was the prescription written on 3-9-01 for the Electric Ice Cooler. There was no documentation noted to support that the auto adapter was administered to the patient.</p> <p>Therefore, no reimbursement is recommended.</p>
Totals		\$769.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 10th day of September 2002.

Lesia Lenart, RN
 Medical Dispute Resolution Officer
 Medical Review Division

LL/ll